

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	X					
2		X				
3		X				
4		X				
5		X				
6		X				
7		X				
8		X				
9		X				
10		X				
11	X					
12		X				
13		X				
14		X				
15		X				
16		X				
17		X				
18		X				
19		X				
20		X				
21		X				
22		X				
23		X				
24		X				
25		X				
26		X				
27		X				
28		X				
29		X				
30		X				
31		X				
32		X				
33		X				
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47						
48						
49						
50						
Total Indep	5					
Total Depend.	22					
Total Claims	27					

May be used for additional claims or amendments						
	*	*	*		*	*
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						